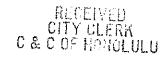


OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2011 JAN 31 AM 10: 19

## DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2010

(PRINT	T OR TYPE CLEARLY)		
NAME	Wayne Y. Yoshioka	POSITION/ELECTIVE OFFICE	Director
DEPAR	RTMENT/AGENCY Dept. of Transportation Services		WORK PHONE 768-8303
HOME	ADDRESS		HOME PHONE
NAME	OF SPOUSE_Jovalene Yoshioka		
NAME(	(S) OF DEPENDENT CHILD(REN)		
Check	the appropriate box and fill in any applicable dates:		
	INITIAL STATEMENT: Date on which you assumed office or began a You must file within twenty (20) working days after this date disclosing	employment in this position ng financial interests held during	g the preceding calendar year.
<b>V</b>	ANNUAL STATEMENT: You are required to file not later than Janua preceding year.	•	
	<b>LEAVING OFFICE STATEMENT:</b> You are leaving or have left your of file a statement within ten (10) working days before leaving office. Y	office on ou must disclose financial inter	and must ests held during the preceding calendar year
	<b>CANDIDATE STATEMENT:</b> You must file no later than ten (10) wor disclosing interests held during the calendar year preceding the due	king days after the deadline for date of the statement.	filling as a candidate for office
	VERIFICA	TION	
knowle	I declare that I have used all reasonable diligence in preparing this f dge the information provided in this form is true and correct.	form, that I have reviewed İtem	Nos. 1 through 9, and to the best of my
	Date January 31 , 20 11 . Significant Sign	gnature Ways V	Mel

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. All items on the form must be completed. If you have no information to disclose under a particular item, check None. If additional space is required to complete an item, check Additional sheets attached attached. Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by range of value. You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

B. \$1,000 - \$9,999 C. \$10,000 - \$24,999	E. \$50,000 - \$99,999 F. \$100,000 - \$149,999 G. \$150,000 - \$199,999 H. \$200,000 - \$299,999	<ul> <li>I. \$300,000 - \$399,999</li> <li>J. \$400,000 - \$499,999</li> <li>K. \$500,000 - \$599,999</li> <li>L. \$600,000 - \$699,999</li> </ul>	<ul> <li>M. \$700,000 - \$799,999</li> <li>N. \$800,000 - \$899,999</li> <li>O. \$900,000 - \$999,999</li> <li>P. At least \$1,000,000</li> </ul>
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1.	INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not
	limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property
	settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or
	profession need not be disclosed. Report income from rental property here.
	profession need not be disclosed. Report income from tental property nere.

	None	Additional	sheets	attached
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Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
Self	City & County of Honolulu	Director, Dept. of Transportation Services	1/1/10- 12/31/10	F
Jovalene Yoshioka (wife)	PB Americas, Inc.	Accounting Supervisor	1/1/10- 12/31/10	E .
	Outrigger Canoe Club (part-time)	Waiter	1/1/10- 12/31/10	C.

Person(s) Incurring Debt	Creditor		Origina	Loan Amount		Amount Outstanding
Wayne Y. & Jovalene Yoshioka	Hawaii State FCU		\$320,000	. Loui, / Allouik	\$305,0	
Wayne Y. & Jovalene Yoshioka	Hawaii State FCU		\$200,000 (Li	ine of Credit)	\$80,00	00
more or equal to 10% or m	nore of ownership of busin	iesses incorpo	orated, regulate	d, or licensed to carr	v on husir	sts having a value of \$5,000 oness in Hawaii. Do notreport
fund or trust is disclosed u	e regulated financial institi Inder this item.	utions, mutual	l insurance polic	cies, or individual iter	ns in a mu	utual fund or blind trust, if the
✓ None ☐ Additi	onal sheets attached			-	···-	
Owner(s)	Business Name and Address	Nature o	of Business	Percentage of In	terest	Value of Interest

✓None	o carry on business in Additional s	•		
	— Additional S	neets attached		
O1	wnership or Interest	Date of Transfer		
Organizan	n. Be sure to report fi	iary positions include, but are not limited to, officership perated for profit. Fiduciary positions also include l duciary positions in non-profit corporations. heets attached	es, directorships, or positions being a majority shareholde	as trustee in any business or r in a small or closely held
organization corporation	n. Be sure to report fi	duciary positions in non-profit corporations.	es, directorships, or positions opeing a majority shareholder Term of Office	as trustee in any business or r in a small or closely held Annual Compensation
organization corporation None Position	n. Be sure to report fi	duciary positions in non-profit corporations.  heets attached	peing a majority shareholder	r in a small or closely held  Annual
organization corporation None Position	Holder  Wayne Y.	Name & Address of Business or Organization	Term of Office	r in a small or closely held  Annual  Compensation
organization corporation None	Holder  Wayne Y.	Name & Address of Business or Organization	Term of Office	r in a small or closely held  Annual  Compensation

	N INSOLVENT BUSINESS worth \$	5,000 or more.		
Holder	Name & Addres	s of Business	Nature of Busir	ness Value
CLIENTS PERSONALLY R the preceding calendar yea authority and do not need to	EPRESENTED BEFORE CITY AGE  ar. Do not report representation involved the disclosed	ENCIES. Only report of the control o	representation for watters. "Ministerial	hich you received compensation du matters" do not require discretion
	nal sheets attached			
Representative	Client	City /	Agency	Nature of Representation
				,
•				
	1			

None None	Additional sheets	s attached			
Owner(s)	Тах Мар	Key Number & Stre	et Address	Value	Year Obtained
Wayne Y. & Jovie Yoshioka				\$605,000	1996
9. <b>REAL PROPI</b> year. For this	ERTY TRANSFERRED item, indicate the actu	<ol> <li>Only report real plant amount of the train</li> </ol>	roperty transferred ir nsaction, even if it is	n the City and County of Honold less than the value (as in the	ulu during the preceding calend case of a gift).
☑ None	Additional sheets			·	<b>0</b> ,
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nun	nber & Street Address